

*Metastatic Abscesses following Erysipelas.*—Dr. JOHN ASHHURST, Jr., Feb. 22d, related the following case:—

John Farlow, private Co. "C," 28th P. V., aged 44 years, entered the Cuyler Hospital, March 29th, 1864. While at home on furlough he had been attacked with erysipelas, which affected his right lower extremity. When first seen by Dr. Wm. R. Dunton, in whose ward the patient was placed, his limb was found red and swollen, the tumefaction reaching to the middle of the thigh; the colour was livid, and the temperature of the inflamed parts lower than normal. The constitutional condition of the patient was at the same time typhoid in the extreme. After the erysipelatous blush had begun to subside, which occurred about the 10th of April, it was found that the knee-joint was very much swollen and evidently distended with fluid. This distension increased for about a week, and then gradually diminished. A few weeks later (in the early part of May) the left knee-joint began to swell, and finally attained the size of a man's head, when it pointed, opened spontaneously, and discharged about one pint of pus. About this time a bed-sore formed over the sacrum, and rapidly enlarged; another formed shortly after over the right hip. The discharge from the left knee-joint ceased a few days before death, but began again the day of the fatal issue, which ensued on June 3d, 1864.

The treatment throughout had been nutritious, tonic, and stimulating, with the local application of mucilaginous washes.

An autopsy was made twenty-four hours after death with the following results: Absolutely no *rigor-mortis* whatever; the cadaver was much emaciated, with great swelling of both lower extremities. The head was not examined. There was some hypostatic congestion of the lungs, and the cardiac cavities contained fibrinous clots: no other abnormal appearances in the thoracic viscera. The liver was very fatty, and slightly larger than normal; the other abdominal organs seemed healthy. An incision was made into the right knee-joint, and gave exit to not less than a pint of pus; the articulating surfaces of femur and tibia were found much eroded, nearly all cartilaginous structure having disappeared. A similar condition of things prevailed on the left side. The purulent deposit on the left side being considered secondary or "metastatic," the great venous trunks on the right, and the ascending cava were carefully examined, without any traces of phlebitis or of purulent absorption being detected.

*Case of Idiopathic Erysipelas.*—Dr. JOHN ASHHURST, Jr., communicated the following:—

James H. was admitted to the Episcopal Hospital on January 20, 1865, to be treated for a simple fracture of one of the metacarpal bones of the right hand.

He was an Irishman, a weaver by trade, and stated his age at 45, though his appearance would have given the impression that he was at least 15 years older. The injury was treated in the usual way, and he was about to be discharged, when, on the 5th of February, he complained of chilliness and a slight sore-throat; on the 7th the throat affection had increased; there was considerable swelling and submucous infiltration, especially involving the uvula, and a tendency to the exudation of a tough yellowish matter, which came away in shreds like a false membrane. At the same time there was a good deal of constitutional disturbance, characterized by a dry and furred tongue, hot skin, and rapid but feeble pulse. The next day (8th) the characteristic flush of erysipelas appeared upon his face.

During the whole course of the disease the throat symptoms remained the most prominent part of the affection; the parotid and submaxillary glands became also enlarged and indurated. On the 13th, while all the local manifestations of the disease were much ameliorated, the constitutional condition of the patient had become decidedly worse, the pulse being exceedingly compressible, and *subsultus tendinum* and low muttering delirium being constantly present. He died on the morning of the 14th of February, that being the ninth day of the disease.

An autopsy was made about six hours after death. The examination was necessarily incomplete, on account of the anxiety of the relatives to remove the corpse, and the only parts, therefore, examined were the throat, chest, and abdomen.

The entire tract of the larynx, trachea, and bronchi, was actually inflamed, the erysipelatous eruption having travelled downwards in the course of the air-passages.

There were occasional patches of tenacious exudation, and in one point at the lower part of the trachea a small ulcer. The larynx and one of the tracheal rings were ossified.

The lungs were somewhat congested posteriorly, and the heart contained large fibrinous clots. The blood in the other parts of the body was exceedingly black, and of a consistence approaching to that of molasses.

The liver was exceedingly contracted, not more than half the usual size, though of normal weight (about 54 oz.). It presented a perfect specimen of the "hob-nail" form of cirrhosis, with a tendency to fatty degeneration. The other organs examined appeared healthy.

*March 22. Hairs in Ovarian Cyst.*—DR. HUTCHINSON exhibited the specimen, and gave the following history of the case from which it was derived:—

Mary R., æt. 45, was admitted into the Episcopal Hospital Nov. 12, 1864, with ovarian dropsy.

She said that she had had but one child, which was delivered with forceps, and lived only three weeks, and that the dropsy commenced immediately after birth of her child, and that during the twenty years which had since elapsed, she had menstruated irregularly and been tapped four times; the liquid obtained being always of the colour of porter. Upon taking charge of her on the first of the present year, I found her emaciated and feeble, her abdomen moderately distended, and yielding on percussion on its whole anterior surface, from the symphysis pubis to the ensiform cartilage, a flat sound—the enlargement being rather greater on the left side; change of position effected no change in the physical signs.

By means of a vaginal examination, I discovered that the uterus was very much prolapsed but otherwise healthy.

There was no disease of the heart, lungs, nor of any of the important viscera. No enlargement of the external abdominal veins, and but little œdema of the feet and legs.

She died Jan. 27, 1865.

The autopsy was made sixteen hours after death.

Head not examined.

The organs contained in the thoracic cavity were healthy, but were suffering from the effects of pressure.

Upon opening abdomen, it was found that the dropsy had taken its origin from the left ovary, and that the cyst was tightly adherent to the